

# Adult Trauma Emergencies:

## Burns

### I. All Provider Levels



**Note Well:** This protocol applies to patients that are injured as a result of burns by the following sources: Thermal, chemical or electrical. Indications for referral to a burn center applies to adult patients with 2nd degree burns > 10% TBSA, 3rd degree burns > 2% TBSA, suspected inhalation injury and/or significant burns to the face, hands, feet or perineum.



1. Remove patient from the source of injury. Extinguish or remove hazards if possible.
2. Refer to the Trauma Assessment Protocol.
3. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.

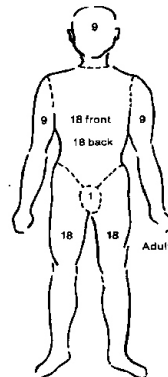


**Note Well:** EMT-I and EMT-P should use ET intubation.

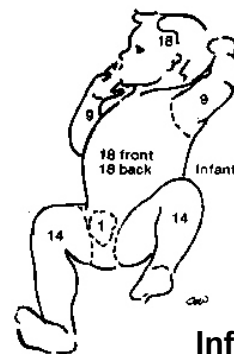
5. Remove all restricting items if possible.
6. Determine degree and percentage of burn.



#### A. Rule of Nines



Adult



Infant

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## **Burns**

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### **I. All Provider Levels (continued)**

7. Cover burns with dry sterile dressings.
8. Keep the patient warm.
9. Establish an IV of Normal Saline.



**Note Well:** An ALS Unit must be en route or on scene.

- A. If systolic blood pressure < 90 mmHg bolus patient with 250 cc, to a total of 1000 cc.



### **II. Advanced Life Support Providers**

1. Attach EKG monitor and interpret rhythm for all patients involved in electrical injuries.



### **III. Transport Decision**



**Note Well:** In any instance when trauma is associated with burns, transport the patient to a trauma center.

1. Transport immediately to the closest appropriate facility for patients with a compromised airway.



### **IV. The Following Options are Available by Medical Control Only**

1. Morphine Sulfate 2 - 5 mg slow IV push to a maximum dosage of 10 mg (Reassess every 3 - 5 minutes after administration).